STUDENT INTERDISCIPLINARY RESEARCH TRAINING (SIRT) PROGRAM
DIVISION OF EDUCATIONAL PROGRAMS
ARGONNE NATIONAL LABORATORY
ARGONNE, ILLINOIS 60439-4845
630/252-3371
HTTP://WWW.DEP.ANL.GOV

Instructions: Please type or print (in black ink) this application and return it to the above address. Please give the evaluation forms to three of your professors to complete and return to Argonne with your application.

Name: _____
     Last   First   Middle

Institution: _____
     Name   City   State   Zip

Academic Rank: Type of Institution: Institutional Grading System:
❏ Freshman   ❏ Community College   ❏ Trimester
❏ Sophomore   ❏ 4 - Year Institution   ❏ Semester
            ❏ Technical Institute   ❏ Quarterly

Major:_____Social Security Number _____

Country of Citizenship_____ ❏ Permanent Resident Alien

             ❏ Visa Type/Alien Registration Number_____

Current Address: _____ Apt. #: _____

City:_____ State: _____ Zip: _____

Current Telephone: _____

E-Mail Address (if available): _____

Home Address: _____ Apt. #: _____

City:_____ State: _____ Zip: _____

Home Telephone: _____

Person to be Notified
in an Emergency: _____ Address: _____
Day Phone: _____ Evening Phone: _____

Indicate your grade point averages to date (use A= 4.0, B=3.0, C=2.0, D=1.0, E&F=0)
All Undergraduate Courses_____ All Undergraduate Math, Science & Engineering Courses_____ All Graduate Courses_____

Name:_____

Colleges and Universities Attended

Name & Location	From		To		Degree & Date Expected (or Received)	Course of Study Major	Minor
	Mo	Yr	Mo	Yr			

List undergraduate and graduate courses which you have completed or will have completed before your arrival at Argon List the most advanced courses in your major field first, your minor field and other pertinent courses. Please asterisk (*) graduate courses and identify courses not yet completed by a grade of (X).

Course Title	Grade	Course Title	Grade

List the names of your adviser, head of your department, and two other professors who have knowledge of your background. Please give the evaluation forms to any three of these individuals to complete and return to the Argonne Division of Educational Programs.

Name	Position	Phone
ADVISER:		
DEPT. CHAIRPERSON:		

List computer hardware and software (PC's, VAX, dBase, Fortran, Pascal, etc.), you have experience with, and indicate your level of proficiency and length of experience.

_____

_____

_____

_____

_____

Name:_____

Have you had a previous appointment at Argonne? If yes, state type of appointment, supervisor, division and time period.

_____

Describe your educational and career plans and the relationship of this Argonne program to your plans:

_____

_____

_____

_____

_____

_____

Briefly list your relevant professional and research experiences (include the name of the company, supervisor and dates):

_____

_____

_____

_____

_____

_____

List your assistantships, fellowships, publications and other pertinent skills or achievements:

_____

_____

_____

_____

_____

Argonne does not provide medical coverage for non-job related injuries. It is strongly suggested that you have a health insurance policy in force while at Argonne.

I authorize investigation of all matters contained in this application and also authorize any of my references and employers to furnish information required by Argonne National Laboratory and I hereby release all such persons and organizations from any claim for damages by reason of furnishing such information or records.

_____   _____
                  Signature   Date

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APPLICANT DATA

Applicant data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard; however, if you decide not to do so, your choice will not affect our decision regarding your application. We appreciate your cooperation.

NAME_____

❑ Caucasian (having origins in any one of the original peoples of Europe, North Africa, or the Middle East)

❑ Black (having origins in any of the Black peoples of Africa)

❑ Hispanic (of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish culture of origin, regardless of race)

❑ American Indian (having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation or community recognition)

❑ Asian or Pacific Islander (having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands--for example, India, China, Japan, Korea, Philippine Islands, and Samoa)

SEX_____   BIRTH DATE_____

Physical/Mental disability (physical or mental impairment that substantially limits one or more major activities--for example, blindness, deafness, or mobility impairment):

❑   YES   ❑   NO

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Evaluation Form

**COMPLETED FORM MUST BE RECEIVED WITH
THE APPLICATION BEFORE MAY 15**

STUDENT: _____

INSTITUTION: _____

EVALUATOR: _____

DEPARTMENT & POSITION: _____

ACADEMIC ABILITY:	outstanding	upper 10%	upper 25%	average	below average
Analytical & Mathematical	❑	❑	❑	❑	❑
Experimental	❑	❑	❑	❑	❑

INITIATIVE: ❑ Self-starter nearly all the time.

❑ Frequently is a self-starter; needs occasional stimulation.

❑ Occasionally is a self-starter; needs frequent stimulation.

ORAL COMMUNICATION WITH TEACHERS AND/OR SUPERVISORS:

❑ Excellent   ❑ Average

❑ Very Good   ❑ Below Average

QUALITY OF WRITTEN REPORTS:

❑ Excellent   ❑ Average

❑ Very Good   ❑ Below Average

Please attach additional comments on the student's potential for doing productive research and/or any traits that might have an important influence on the student's experience at Argonne.

_____   _____
Signature   Date